

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 10, 2003

Re: IRO Case # M2-03-0240

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 46-year-old female who on ___ strained her back while unloading a container. Because of continued pain, x-rays were obtained, which showed chronic changes at L4-5, and L5-S1. MRIs on 2/28/00 and 7/10/01 showed the same changes, and also some potential disk herniation at L4-5 to the right side, and and annular tear at L5-S1. There was no evidence of S1 nerve root compression. EMGs were positive in various areas, but apparently more consistently in the L5-S1 area bilaterally. Physical therapy and multiple injections were pursued. The patient never demonstrated any neurologic deficits. There has been some suggestion of lack of cooperation with the giveaway weakness.

The general features on the examination suggest non organic components.

Requested Service

Lumbar discogram with CT scan at L5-S1

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

Discography remains controversial, but one thing that is not controversial among those who utilize this technique at times is that a specific area of difficulty is being sought, and the patient's reliability must be unquestioned. In this case, the discogram will appear abnormal because of the changes seen on the MRI. Therefore, concordant pain response is an important feature of the study, and this patient's examination suggests that potentially unreliable responses will be made. To use those potentially unreliable responses to indicate more treatment would not be appropriate.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 12th day of May 2003.